

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

ZONE Telecom, Inc.

Application for a certificate of
local authority
to operate as a reseller
of telecommunications
services in the
State of Illinois.

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04-0467

CHIEF CLERK

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NOTE: Applicant is authorized to provide resold interexchange telecommunications services within the State of Illinois (Docket No. 00-0644).

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 043520968

ZONE Telecom, Inc.

Address: **200 Lake Drive East – Ste 200**

City **Cherry Hill** State/Zip **New Jersey 08002**

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

X Part 710 Uniform System of Accounts for Telecommunications Carriers

Applicant requests a waiver of Part 710 as it will keep its financial records in accordance with generally accepted accounting principles [GAAP]. Requiring Applicant to keep its books under the Uniform System of Accounts would subject Applicant to unnecessary and burdensome regulations. Applicant notes that at the time it was certified by the Commission as an interexchange carrier in Illinois (Commission Order 00-0644 dated February 15, 2001) such a waiver was granted.

— Part 735 Procedures Governing the Establishment of Credit, Billing Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

X Section 735.180 Directories

Applicant will be reselling dedicated service provided by Paetec Communications, Inc. which will provide Directory listings to customers, however Applicant will not itself be publishing a Directory.

—Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.
5. In what area of the state does the Applicant propose to provide service?

Throughout the entire State of Illinois

6. Please attach a sheet designating contact persons to work with Staff on the following:
- a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Please see attached Exhibit A.

7. Please check type of organization?

☐ Individual
☐ Partnership

☒ Corporation
Date corporation was formed **June 13, 2000**
In what state **Delaware**

☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **Please see attached Exhibit B and Exhibit C.**

9. List jurisdictions in which Applicant is offering service(s).

Applicant currently offers interexchange service in all of the United States, with the exception of Alaska, and the District of Columbia. Applicant is certified to provide local exchange service in New York, New Jersey, Massachusetts, Pennsylvania (provisional authority pending final certification), and Florida.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

☒ YES ☐ NO

If YES, describe fully. **Applicant is an interexchange provider throughout the United States and in the normal course of business some consumer complaints have been lodged with the FCC or state Public Utilities Commissions however all such complaints have been answered and resolved to the satisfaction of the relevant authority in a timely manner. There have been no judgments or fines levied against the Applicant by any such authority in Illinois or in any other state, nor by the FCC.**

If YES, describe fully.

12. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Permission pursuant to 83 Ill. Adm Code Part 250 is hereby requested so that the Commission will allow Applicant to continue to maintain its books and records outside the state of Illinois at its headquarters at Suite 200, 200 Lake Drive East Cherry Hill, New Jersey 08002.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see attached resumes as noted below.

15. List officers of Applicant.

**Terry Metzger
President / CEO**

Resume attached – Exhibit D

**Eamon P.M. Egan
Secretary**

Resume attached - Exhibit E

**Daniel Boynton
Senior Vice President**

Resume attached-Exhibit F

**Tiffany Franzky
Vice President Operations**

Resume attached- Exhibit G

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES **X** NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill customers for services on a monthly basis, as it does for interexchange services. Each invoice will detail telecom charges, taxes and surcharges, each of which will be listed separately. The date, time, location and number called, duration of the call, and charge for the call will be detailed for each call made. A customer service phone number will be listed for assistance.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Applicant will be offering dedicated local service to corporate business customers. Each such corporate customer will be assigned an account representative to handle their account. That customer's account representative will escalate the issue to the appropriate department in the event of a service, billing or repair complaint. In the case of an emergency the customer will also be able to reach Applicant via a toll-free number which will be operational 24 hours per day, 7 days per week. Should a customer wish to lodge a complaint they will also be able to contact Applicant's Customer Service department by calling the toll-free number provided on their invoice.

In the event that a customer remains dissatisfied after speaking with its account representative, customer support representative, customer support supervisor and, in turn if required, a manager, the customer will be referred to Applicant's Consumer and Regulatory Affairs Department for resolution of outstanding issues. In addition Applicant will promptly credit customers for legitimate disputes [wrong numbers, etc.].

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

Consumer Customer Service Toll-Free Telephone Number: (866) 539-9663

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Applicant does not condone nor tolerate the unauthorized conversion or slamming of a customer onto its service, or the placement of unauthorized charges onto a customer's bill [a.k.a. 'cramming']. To ensure excellence of service the Applicant offers specialized ongoing training to its employees, who are routinely monitored to ensure compliance with stringent policies and procedures when securing new customers. Any of the Applicant's employees found in violation of these policies will be severely disciplined up to and including dismissal. As Applicant intends to offer local dedicated service only to corporate business customers, each new customer will be required to enter into a written contract and sign a Letter of Agency prior to provisioning of service.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Copy of Applicant's and its parent ZONE USA Inc's consolidated balance sheets for 2002 and 2003, together with consolidated statements of operations for the same period attached as Exhibit H. Also attached is 2003 Annual Report (including audited financial statements) of its ultimate parent company e-KONG Group Ltd, as Exhibit I.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES ☒ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Paetec Communications, Inc.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

At the date of this Application, Applicant offers long distance voice and data services in Illinois to business and residential customers. Upon approval, the Applicant intends to also offer local Dedicated services to business customers in Illinois. Applicant does not intend to offer local residential service.

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES _____ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO

Not Applicable



(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of New Jersey

$$\begin{array}{l}) \\) \text{ss} \\) \end{array}$$

County of Camden

Eamon Patrick McLoughlin Egan makes oath and says that he is the Secretary

of **ZONE Telecom, Inc.**

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Famou Zgan

(Signature of affiant)

Subscribed and sworn to before me, Jaime Drebit, a Notary Public in the State and County above named, this 13th day of July, 2004.

Jaime L. Drebit
Notary Public
State of New Jersey
My Commission Expires 12/06/2007

James E. Debit

(Signature of person authorized to administer oath)

